

# Medical Supplies and Equipment

---

## General Payment Policies

- MAA reimburses providers for certain medical supplies and equipment (MSE) dispensed from their offices when these items are considered prosthetics and are used for a client's permanent condition (see the list beginning on page K.2).
- Most MSE used to treat a client's temporary or acute condition are considered incident to a provider's professional services and are bundled in the office visit reimbursement (see list beginning on page K.2). MAA reimburses providers separately for only those MSE listed beginning on page K.4.
- MAA does not reimburse providers separately for surgical trays, as these are bundled within the appropriate surgical procedure. The fees for these procedures include the cost of the surgical trays.
- Procedure codes for MSE that do not have a maximum allowable fee and cost less than \$50.00 are reimbursed at acquisition cost. A manufacturer's invoice must be maintained in the client's records for MSE under \$50.00 and made available to MAA upon request. **DO NOT send in an invoice with your claim** for MSE under \$50.00 unless requested by MAA.
- Procedure codes for MSE that do not have a maximum allowable fee and cost \$50.00 or more are reimbursed at acquisition cost. **You must attach a copy of the manufacturer's invoice** to your claim for MSE costing \$50.00 or more.



**Note:** To request prior authorization for MSE, write or fax:

Division of Medical Management  
DME Program Management Unit  
PO Box 45506  
Olympia, WA 98504-5506  
360-586-5299 (fax)

## Supplies Included in an Office Call (Bundled Supplies)

Items with an asterisk (\*) in the following list are considered prosthetics when used for a permanent condition. MAA reimburses providers for these supplies when they are provided in the office for permanent conditions **only**. They are not considered prosthetics if the condition is acute or temporary. Providers must indicate “prosthetic for permanent condition” in the *Comments* section of the claim form.

For example, if a patient has an indwelling Foley catheter for permanent incontinence and a problem develops for which the physician is required to replace the catheter, it is considered a prosthetic and is paid separately. The Foley catheter used to obtain a urine specimen, used after surgery, or used to treat an acute obstruction is not paid separately because it is treating a temporary problem.



**Note:** MAA continues to evaluate and adopt Medicare’s Correct Coding Initiative (CCI) policies and edits. Therefore, any procedures or services that are currently bundled by Medicare are bundled by MAA as well.

| HCPSC Code | Brief Description                         |
|------------|---|
| A4206      | Syringe with needle, sterile 1cc          |
| A4207      | Syringe with needle, sterile 2cc          |
| A4208      | Syringe with needle, sterile 3cc          |
| A4209      | Syringe with needle, sterile 5cc          |
| A4211      | Supplies for self-administered injections |
| A4212      | Huber-type needle, each                   |
| A4213      | Syringe, sterile, 20 CC or greater        |
| A4215      | Needles only, sterile, any size           |
| A4220      | Refill kit for implantable infusion pump  |
| A4244      | Alcohol or peroxide, per pint             |
| A4245      | Alcohol wipes, per box                    |
| A4246      | Betadine or phisohex solution, per pint   |
| A4247      | Betadine or iodine swabs/wipes, per box   |
| A4253      | Blood glucose test, per 50 strips         |
| A4256      | Normal, low and high cal solution/chips   |
| A4258      | Spring-powered device for lancet, each    |

| HCPSC Code | Brief Description   |
|------------|---|
| A4259      | Lancets, per box of 100   |
| A4262      | Temporary lacrimal duct implant, each                             |
| A4263      | Permanent lacrimal duct implant, each                             |
| A4265      | Paraffin, per pound   |
| A4270      | Disposable endoscope sheath, each                                 |
| A4300      | Implantable access partial/catheter                               |
| A4301      | Implantable access total system                                   |
| A4305      | Disposable drug delivery system, flow rate 50 ML or more per hour |
| A4306      | Disposable drug delivery system, flow rate 5 ML or less per hour  |
| A4310      | Insertion tray w/o drainage bag                                   |
| A4311      | Insertion tray without drainage bag                               |
| A4312      | Insertion tray without drainage bag                               |

**Physician-Related Services**

| <b>HCP<br/>Code</b> | <b>Brief<br/>Description</b> |
|---------------------|------------------------------|
|---------------------|------------------------------|

|        |   |
|--------|---|
| A4313  | Insertion tray without drainage bag     |
| A4314  | Insertion tray with drainage bag        |
| A4315  | Insertion tray with drainage bag        |
| A4316  | Insertion tray with drainage bag        |
| A4320  | Irrigation tray for bladder             |
| A4330  | Perianal fecal collection pouch         |
| A4335* | Incontinence supply; miscellaneous      |
| A4338* | Indwelling catheter; Foley type         |
| A4340* | Indwelling catheter; Spec type          |
| A4344* | Indwelling catheter; Foley type         |
| A4346* | Indwelling catheter; Foley type         |
| A4347* | Male external catheter                  |
| A4351  | Intermittent urinary catheter           |
| A4352  | Intermittent urinary catheter           |
| A4353  | Catheter insert tray with cath/tube/bag |
| A4354  | Insertion tray with drainage bag        |
| A4355  | Irrigation tubing set                   |
| A4356* | External urethral clamp device          |
| A4357* | Bedside drainage bag, day or night      |
| A4358* | Urinary leg bag; vinyl                  |
| A4359* | Urinary suspensory, without leg bag     |
| A4361* | Ostomy faceplate                        |
| A4362* | Skin barrier; solid, 4 x 4              |
| A4364* | Adhesive for ostomy or catheter         |
| A4365* | Adhesive remover wipes, per 50          |
| A4367* | Ostomy belt                             |
| A4368* | Ostomy filter, each                     |
| A4397  | Irrigation supply; sleeve               |
| A4398* | Irrigation supply; bags                 |
| A4399* | Irrigation supply; cone/catheter        |
| A4400* | Ostomy irrigation set                   |
| A4402  | Lubricant                               |

| <b>HCP<br/>Code</b> | <b>Brief<br/>Description</b> |
|---------------------|------------------------------|
|---------------------|------------------------------|

|        |   |
|--------|---|
| A4404* | Ostomy rings  |
| A4421* | Ostomy supply; miscellaneous                                |
| A4455  | Adhesive remover or solvent                                 |
| A4465  | Non-elastic binder for extremity                            |
| A4470  | Gravlee jet washer  |
| A4480  | Vabra aspirator   |
| A4550  | Surgical tray   |
| A4556  | Electrodes (e.g., apnea monitor)                            |
| A4557  | Lead wires (e.g., apnea monitor)                            |
| A4558  | Conductive paste or gel                                     |
| A4647  | Supply of paramagnetic contrast material (e.g., gadolinium) |
| A4649  | Surgical supply; miscellaneous                              |
| A5051* | Ostomy pouch, closed; with barrier                          |
| A5052* | Ostomy pouch, closed; without barrier                       |
| A5053* | Ostomy pouch, closed; use on faceplate                      |
| A5054* | Ostomy pouch, closed; use on barrier                        |
| A5055* | Stoma cap   |
| A5061* | Ostomy pouch, drainable; with barrier                       |
| A5062* | Ostomy pouch, drainable; without barrier                    |
| A5063* | Ostomy pouch, drainable; use on barrier                     |
| A5071* | Pouch, urinary; with barrier                                |
| A5072* | Pouch, urinary; without barrier                             |
| A5073* | Pouch, urinary; use on barrier                              |
| A5081* | Continent device ; plug                                     |
| A5082* | Continent device ; catheter                                 |
| A5093* | Ostomy accessory; convex insert                             |
| A5102* | Bedside drainage bottle                                     |
| A5105* | Urinary suspensory; with leg bag                            |
| A5112* | Urinary leg bag; latex                                      |

## Physician-Related Services

| HCPSC Code | Brief Description |
|------------|-------------------|
|------------|-------------------|

|        |                                 |
|--------|---------------------------------|
| A5113* | Leg strap; latex, per set       |
| A5114* | Leg strap; foam or fabric       |
| A5119* | Skin barrier; wipes, box per 50 |
| A5121* | Skin barrier; solid, 6 x 6      |
| A5122* | Skin barrier; solid, 8 x 8      |
| A5126* | Adhesive; disc or foam pad      |
| A5131* | Appliance cleaner               |
| A6021  | Collagen dressing <=16 sq in    |
| A6022  | Collagen drsg>6<=48 sq in       |

| HCPSC Code | Brief Description |
|------------|-------------------|
|------------|-------------------|

|       |                             |
|-------|-----------------------------|
| A6023 | Collagen dressing >48 sq in |
| A6024 | Collagen dsg wound filler   |
| A6025 | Silicone gel sheet, each    |
| A6154 | Wound pouch, each           |
| A6231 | Hydrogel dsg <=16 sq in     |
| A6232 | Hydrogel dsg>16<=48 sq in   |
| A6233 | Hydrogel dressing >48 sq in |
| 99070 | Special supplies            |

## Supplies Reimbursed Separately When Dispensed from a Provider's Office/Clinic

### Miscellaneous Supplies

| HCPSC Code      | Brief Description   |
|-----------------|---|
| A4250           | Urine test or reagent strips  |
| A4561           | Pessary rubber, any type  |
| A4562           | Pessary, nonrubber, any type  |
| A4565           | Slings  |
| A4570           | Splint  |
| L8615-<br>L8622 | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code. <b>(To be used only for cochlear implant replacement parts. PA is NOT required for the replacement parts.)</b> |

### Casting Materials

Bill the appropriate HCPCS code (Q4001-Q4049) for fiberglass and plaster casting materials. Do not bill for the use of a cast room. Use of a cast room is considered part of a provider's practice expense.

### Metered Dose Inhalers and Accessories

| HCPSC Code | Brief Description   |
|------------|---|
| A4614      | Peak flow meter   |
| A4627      | Spacer bag, or reservoir, with/without mask (for use with metered does inhaler) |

### Inhalation Solutions

Refer to the fee schedule (Section L) for those specific codes for inhalation solutions that are reimbursed separately.

### Radiopharmaceutical Diagnostic Imaging Agents

Refer to the fee schedule (Section L) for those specific codes for imaging agents that are reimbursed separately.

## Miscellaneous Prosthetics &amp; Orthotics

| HCPCS Code | Brief Description   |
|------------|---|
| L0120      | Collar-philadelphia child   |
| L0210      | Thoracic, rib belt  |
| L0220      | Thoracic, rib belt, custom fabricated   |
| L0515      | Industrial back support ( <i>not covered for scoliosis</i> )                                |
| L1800      | Stabiliz knee sleeve-universal  |
| L1810      | Knee brace hinged   |
| L1815      | Roadrunner knee brace   |
| L1820      | Action neoprene brace, knee   |
| L1830      | Knee immobilizer 24" universal  |
| L1902      | Boot-walkabout med/large  |
| L1906      | Canvas ankle brace  |
| L3030      | Hapad metatarsal pad  |
| L3334      | Achilles lift   |
| L3350      | Adjustable peel-off heel lift   |
| L3360      | Achilles heel wedge/west walkr  |
| L3650      | Shoulder abduction pillow   |
| L3700      | Neoprene buttress elbow, s-m-l  |
| L3807      | WHFO, extension assist, with inflatable palmer air support, with or without thumb Extension |
| L3908      | Wrist comfort form all sizes  |
| L3909      | Wrist Orthosis  |
| L3928      | Lmb 504 extension   |
| L4350      | Air support - purple med/large  |
| L4360      | Walker, pneumatic s-m-l <b>PA required.</b>   |
| L4380      | Aircast infrapatellar band  |
| L4386      | Diabetic walker <b>PA required.</b>   |
| L8000      | Post mastectomy implants bra  |
| L8010      | Breast binder   |
| L8600      | Breast implants   |

## Urinary Tract Implants

See important policy limitations for urinary tract implants on page F.24.

| HCPCS Code | Brief Description                                   |
|------------|---|
| L8603      | Collagen implant, urinary tract, per 2.5 ml syringe |
| L8606      | Synthetic implant, urinary tract, per 1 ml syringe  |



**Note:** MAA does not reimburse providers for L8603 and L8606 if the implants are done outside the physician's office.

MAA covers the first three (3) implants only, using a combination of L8603 and/or L8606, per client. Each 2.5 ml syringe of L8603 or each 1 ml syringe of L8606 is one implant.

## Podiatry and Orthopedic Surgeons

The following codes are payable only to Podiatrists and Orthopedic Surgeons:

| HCPCS Code | Brief Description                                  |
|------------|--|
| A5500      | Diab shoe for density insert                       |
| A5501      | Diabetic custom molded shoe                        |
| A5503      | Diabetic shoe w/roller/rocker                      |
| A5504      | Diabetic shoe with wedge                           |
| A5505      | Diab shoe w/metatarsal bar                         |
| A5506      | Diabetic shoe w/offset heal                        |
| A5507      | Modification diabetic shoe (requires PA)           |
| K0628      | Direct heat form shoe insert                       |
| K0629      | Custom fab molded shoe inser                       |
| L1902      | Boot-walkabout med/large                           |
| L1906      | Canvas ankle brace                                 |
| L3000      | Ft insert ucb berkeley shell. <b>EPA required.</b> |

| <b>HCPCS Code</b> | <b>Brief Description</b>                           |
|-------------------|--|
| L3030             | Foot arch support remov prem. <b>EPA required.</b> |
| L3100             | Hallus-valgus nght dynamic s                       |
| L3140             | Abduction rotation bar shoe                        |
| L3150             | Abduct rotation bar w/o shoe                       |
| L3170             | Foot plastic foot stabilizer. <b>EPA required.</b> |
| L3215             | Orthopedic ftwear ladies oxf. <b>EPA required.</b> |
| L3219             | Orthopedic mens shoes oxford. <b>EPA required.</b> |
| L3230             | Custom shoes depth inlay. <b>PA required.</b>      |
| L3310             | Shoe lift elev heel/sole neo. <b>EPA required.</b> |
| L3320             | Shoe lift elev heel/sole cor. <b>EPA required.</b> |
| L3334             | Shoe lifts elevation heel /i. <b>EPA required.</b> |
| L3340             | Shoe wedge sach. <b>PA required.</b>               |
| L3350             | Shoe heel wedge. <b>PA required.</b>               |
| L3360             | Shoe sole wedge outside sole. <b>PA required.</b>  |
| L3400             | Shoe metatarsal bar wedge ro. <b>PA required.</b>  |
| L3410             | Shoe metatarsal bar between. <b>PA required.</b>   |
| L3420             | Full sole/heel wedge between. <b>PA required.</b>  |
| L3430             | Shoe heel count plast reinfor                      |
| L4350             | Air support – purple med/large                     |
| L4360             | Walker, pneumatic s-m-l <b>PA required.</b>        |
| L4380             | Aircast infrapatellar band                         |
| L4386             | Diabetic walker <b>PA required.</b>                |

# Injectable Drug Codes

---

MAA's fees for injectable drug codes are the maximum allowances used to reimburse covered drugs and biologicals administered in a provider's office. MAA follows Medicare's payment policy to set the maximum allowances.

**Effective for dates of service on and after January 1, 2005**, MAA adopted Medicare's new drug pricing methodology of 106% of the Average Sales Price (ASP). If a Medicare fee is unavailable for a particular drug, MAA prices the drug at 86% of the Average Wholesale Price (AWP). MAA obtains the AWP for these drugs from Medicare's Single Drug Pricer (SDP). MAA updates the rates each time Medicare's rate is updated, up to once per quarter. Unlike Medicare, the MAA effective dates are based on dates of service, not the date the claim is received. For HCPCS codes where Medicare does not establish a rate, MAA determines the maximum allowances for covered drugs using the following methodology:

1. For a single-source drug or biological, the AWP equals the AWP of the single product.
2. For a multi-source drug or biological, the AWP is equal to the median AWP of all of the generic forms of the drug or biological, or the lowest brand name product AWP, whichever is less. A "brand-name" product is defined as a product that is marketed under a labeled name that is other than the generic chemical name for the drug or biological.
3. After determining the AWP according to #1 and #2 above, MAA multiplies the amount by 0.86 to arrive at the fee schedule maximum allowance.

When billing for injectable drugs and biologicals, providers must use the description of the procedure code to determine the units, and include the correct number of units on the claim form to be reimbursed the appropriate amount. For drugs priced at "acquisition cost," providers must:

- Include a copy of the manufacturer's invoice for each line item in which **billed charges** exceed \$1,100.00; or
- Retain a copy of the manufacturer's invoice in the client's record for each line item in which **billed charges** are equal to or less than \$1,100.00.

**Do not bill using unclassified or unspecified drug codes unless there is no specific code for the drug being administered.** The National Drug Code (NDC) and dosage given to the client must be included with the unclassified or unspecified drug code for coverage and payment consideration.

**HCPCS codes J8499 and J8999 for oral prescription drugs are not covered.**

Injectable drugs can be injected subcutaneously, intramuscularly, or intravenously. The injectable drugs can be billed only from the provider's office supply. The name, strength, and dosage of the drug must be documented and retained in the client's record.

**Chemotherapy Drug (J9000-J9998)**

- Bill number of units used based on the description of the drug code. For example, if 250 mg of Cisplatin (J9062) is given to the client, the correct number of units is five (5).
- Effective for dates of service on and after January 1, 2005, MAA adopted Medicare's new drug pricing methodology of 106% of the Average Sales Price (ASP). If a Medicare fee is unavailable for a particular drug, MAA continues to price the drug at 86% of the Average Wholesale Price (AWP).

**All Other Drugs**

- Bill number of units used based on the description of the drug code. For example, if 20 mg of Hyalgan (J7316) is given to the client, the correct number of units is four (4).
- Claims with HCPCS code J3490 must include the NDC and the amount of the drug administered to the client in the Comments section of the claim form, and must be billed with one unit only.
- Effective for dates of service on and after January 1, 2005, MAA adopted Medicare's new drug pricing methodology of 106% of the Average Sales Price (ASP). If a Medicare fee is unavailable for a particular drug, MAA continues to price the drug at 86% of the Average Wholesale Price (AWP).

Limitations on coverage for certain injectable drugs are listed below:

| <b>Procedure Code</b> | <b>Brief Description</b>                    | <b>Limitation Restricted to ICD-9-CM</b>   |
|-----------------------|---|--|
| J0637                 | Caspofungin acetate                         | 117.3 (aspergillosis)  |
| J0725                 | Chorionic gonadotropin/1000u                | 752.51 (Undescended testis)  |
| J1055                 | Medroxyprogester acetate inj (depo provera) | Females-only diagnoses V25.02 or V25.3 or V25.49 or V25.9. (contraceptive mgmt)<br>Males-diagnosis must be related to cancer |
| J1212                 | Dimethyl sulfoxide 50% 50 ML                | 595.1 (chronic intestinal cystitis)  |
| J1595                 | Injection glatiramer acetate                | 340 (multiple sclerosis)   |
| J1756                 | Iron sucrose injection                      | 585(chronic renal failure)   |
| J2324                 | Nesiritide                                  | No diagnosis restriction. Restricted use only to cardiologists   |
| J2501                 | Paricalcitol                                | 585 (chronic renal failure)  |
| J2916                 | Na ferric gluconate complex                 | 585 (chronic renal failure)  |
| J3420                 | Vitamin b12 injection                       | 123.4, 151-154.8, 157-157.9, 197.4-197.5, 266.2, 281.0-281.3, 281.9, 284.0, 284.8-284.9, 555.9, 579, 648.2                   |
| J3465                 | Injection, voriconazole                     | 117.3 (aspergillosis)  |



| Procedure Code | Brief Description           | Limitation<br>Restricted to ICD-9-CM                               |
|----------------|-----------------------------|--|
| J3487          | Zoledronic acid             | 198.5, 203-203.01, and 275.42 (hypercalcemia)                      |
| J9041          | Bortezomib injection        | 203.00-203.01 (multiple myeloma and immunoproliferative neoplasms) |
| Q3025          | IM inj interferon beta 1-a  | 340 (multiple sclerosis)   |
| Q3026          | Suc inj interferon beta 1-a | 340 (multiple sclerosis)   |
| Q4077          | Treprostinil, 1 mg          | 416-416.9 (chronic pulmonary heart disease)                        |

## Prior Authorization

Drugs requiring written/fax prior authorization are noted in the fee schedule with a “PA” next to them. For information on how to request prior authorization, refer to Section I.

## Rounding of Units

The following guidelines should be used to round the dosage given to the client to the appropriate number of units for billing purposes:

### I. Single-Dose Vials:

For single-dose vials, bill the total amount of the drug contained in the vial(s), including partial vials. Based on the unit definition for the HCPCS code, MAA reimburses providers for the total number of units contained in the vial. **For example:**

If a total of 150 mg of Etoposide is required for the therapy and two 100 mg single dose vials are used to obtain the total dosage, the total of the two 100 mg vials is reimbursed. In this case, the drug is billed using HCPCS code J9181 (Etoposide, 10 mg). If MAA's maximum allowable fee is \$4.38 per 10 mg unit, the total allowable is \$87.60 (200 mg divided by 10 = 20 units x \$4.38).

## II. Billing for Multi-Dose Vials:

For multi-dose vials, bill **only** the amount of the drug administered to the client. Based on the unit definition (rounded up to the nearest whole unit) of the HCPCS code, MAA reimburses providers for only the amount of drug administered to the client. **For example:**

If a total of 750 mg of Cytarabine is required for the therapy and is taken from a 2,000 mg multi-dose vial, only the 750 mg administered to the client is reimbursed. In this case, the drug is billed using HCPCS code J9110 (Cytarabine, 500 mg). If MAA's maximum allowable fee is \$23.75 per 500 mg unit, the total allowable is \$47.50 [750 mg divided by 500 = 2 (1.5 rounded) units x \$23.75].

## III. Unlisted Drugs (J3490 and J9999)

**When it is necessary to bill MAA for a drug using an unlisted drug code, providers must report the National Drug Code (NDC) of the drug administered to the client.** MAA uses the NDC when unlisted drug codes are billed to appropriately price the claim. Claims *must* include:

- The dosage (amount) of the drug administered to the client;
- The 11-digit NDC of the office-administered drug; and
- One unit of service.

For claims billed using a paper HCFA-1500 claim form, list the required information in field 19 of the claim form.

For claims billed using an electronic HCFA-1500 claim form, list the required information in the *Comments* section of the claim form.

For claims billed using an electronic 837P claim form, list the required NDC information in DRUG IDENTIFICATION Loop 2410, LIN02, and LIN03. List the dosage given to the client in the “*Comment*” section of the claim form.



**Note:** If there is an assigned HCPCS code for the administered drug, providers **must bill** MAA using the appropriate HCPCS code. **DO NOT** bill using an unlisted drug code for a drug that has an assigned HCPCS code. MAA will recoup payment for drugs paid using an unlisted drug code if an assigned HCPCS code exists for the administered drug.

**The list of all injectable drug codes and maximum allowable fees are listed in the fee schedule section (Section J).**